NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PCLL OR ALTER CASING			WATER SHUT-OFF	BHT REPORT OF:		
16.	Check App		ate Nature of Notice, Report, or C	Other Data		
		6705'	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	Rio Arriba	NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ET, GR, etc.)		12. COUNTY OR PARISE	13. STATE		
			MAR 07 1986	NW/NW Sec. 7,	T25N, R5W	
900' FNL x 960' FWL				11. SEC., T., E., M., OR BLK. AND SURVEY OR ARMA		
See also space 17 below.) At surface			RECEIVED	Undes. Gallup/	<u>Basin Dak</u> ota	
501 Airpo	rt Drive, F	8/4U1 h any State requirements.*	LO. PIBLO AND POOL, OR WILDCAT			
FO1 44		, N W	07/01	5.7		
Amoco Production Co.				Jicarilla Contract 147		
2. NAME OF OPERATOR	LX OTHER			S. FARM OR LEASE HAM	4.0	
				7. UNIT AGREEMENT NA	46	
(Do not use th	Use "APPLICA"	nis to drill or to deepen or TION FOR PERMIT—" for a	plug back to a different reservoir.	Jicarilla A		
	NDRY NOTI	6. IF INDIAN, ALLOTTER OR TRIBE NAME				
	BUREAL	U OF LAND MANAGE	MENT		ontrace 147-	
(Formerly 9-331) DEPARTMEN		MENT OF THE INT	NT OF THE INTERIOR verse alde)		5. LEASE DESIGNATION AND SHAIAL NO.	
		INITED STATES SUBMIT IN TRIPLICATE		Budget Bureau No. 1004-0135 Expires August 31, 1985		

The recorded shut-in pressures on March 4, 1986 for the two formations are as follows:

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.) *

FRACTURE TREATMENT

(Dakota) SITP: = 1850 (Gallup) SICP: = 970

MULTIPLE COMPLETE

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

(Other) Status Sundry

RECEIVED

(Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

ALTERING CASING

•	See Instructions on Reverse Side	FARMINGTON RESOURCE AREA
APPROVED BY	TITLE	MAR 2 6 1986
(This space for Federal or State office use)	4. 7.4. 10	ACCEPTED FOR RECORD
8. I hereby certify that the foregoing is true and correct	тітье Adm. Supervisor	DATE 3-5-86
	C	DIL CON. DIV. DIST. 3
		WAR 2 1 1300